MARYLAND
Medical Journal

Medicine and Surgery

The Medical Journal Company

BALTIMORE *Publishers* WASHINGTON

Volume Fifty-Eight
Number One

JANUARY, 1915

Annual Subscription
Two Dollars

MARYLAND MEDICAL JOURNAL

FOR JANUARY, 1915

VOL. LVIII *Entered at the Baltimore Postoffice as Second-Class Matter* No. 1

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LOCAL DIRECTORY

Medical Society Meetings.

MARYLAND.

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MARYLAND
MEDICAL JOURNAL

A Journal of Medicine and Surgery

Vol. LVIII, No. 1 BALTIMORE, JANUARY, 1915 Whole No. 1160

FILARIASIS, WITH A PRACTICAL DEMONSTRATION OF LIVING EMBRYOS OF THE FILARIA SANGUINIS HOMINIS (NOCTURNA).

By Tilghman B. Marden, A.B., M.D.,

Professor of Histology and Embryology; formerly Professor of Histology, Biology and Embryology at the Baltimore Medical College.

THROUGH the courtesy of Prof. Gordon Wilson and Dr. B. J. Asper, I have been given the privilege of bringing before you a case of filariasis, which privilege I am accepting on account of the rarity of the affection in this country, and this exceptional opportunity of demonstrating to you the living filarial embryos in the blood.

This young man, from whom the specimens of blood have been obtained, is from Porto Rico, having come to Baltimore for the purpose of studying medicine at the Baltimore Medical College. In the early part of October of this session he made his first appearance in the laboratory for work in histology, and informed me that he wished I could benefit him during his stay here in this country, as he had, according to the statements of his physician at home, filariasis. I, appreciating the importance of his case to the subject which I have been teaching for the past few years—medical zoology—as a part of the course on biology, sent him to my confrere, Dr. E. L. Whitney, in the clinical laboratory, with a request that he make a blood examination for me. Since then Dr. Whitney and he have been having their midnight seances for the purpose of obtaining specimens of his blood, so that now this young man is so experienced in blood-getting that he is able to prepare good specimens of his own blood when such specimens are desired. The blood is obtained in the usual way under proper aseptic precautions by pricking the finger or lobe of the ear. A thick film is obtained on a cover-slip and, if to be used as a fresh specimen, the cover-slip is placed upon a slide, blood side down,

and the edge of the cover is rimmed with vaseline to prevent evaporation of the liquid part of the blood and thus prevent drying up of the specimen. If a stained specimen be desired, the cover-slip film may be stained by placing it in a staining dish of water to which a few drops of alcoholic solution of fuchsin or of gentian violet have been added. We have obtained very good results by staining by the eosin-methylene blue method.

The blood must be obtained at night, as the embryos have a nocturnal periodicity, making their appearance in the peripheral blood stream toward evening, increasing in numbers during the night and disappearing again in the morning, going to the lungs and there remaining until evening, when they again pass into the blood stream. Some authorities claim that from 8 to 10 P. M. is the best time to obtain good specimens, but we at the Baltimore Medical College have found that the best time in this case is about midnight. Hence you can readily appreciate the appropriateness of the suffix *nocturna* to distinguish this species of filaria from the *filaria loa,* which has a diurnal periodicity, appearing in the blood about 8 A. M., increasing in number up to noon and disappearing about 9 P. M.

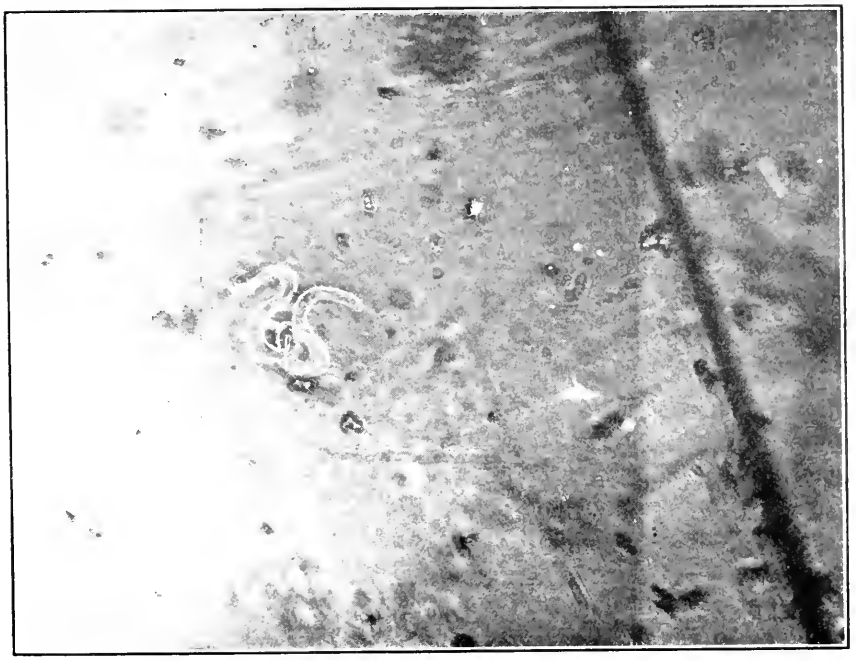
Etiology.—The cause of filariasis is the filaria, transmitted by the mosquito, *culex fatigans,* man being the host, the mosquito the intermediate host. This young man is affected with filariasis caused by the species *filaria bancrofti,* of the genus *filaria,* of the family *filariidae,* of the class of worms termed *nematodes.* The embryos of this variety of filaria was first reported by DeMarquay in 1863, who found them in the blood of a man from Havana. This genus has been named differently by different investigators, viz.:

Trichina cystica, Salisbury, 1868.
Filaria sanguinis, Lewis, 1872.
Filaria bancrofti, Bancroft, 1877.
Filaria sanguinis hominis agypt, Sonsino, 1874.
Filaria sanguinis hominis nocturna and filaria nocturna, Manson, 1891.

Although it is best known as the *filaria bancrofti* and the *filaria sanguinis hominis.* It is found in the lmyphatics of the trunk and extremities. The adult worm was first found by Bancroft in 1876 in a lymphatic abscess of the arm, and later in a case of hydrocele.

Morphology.—This species of filaria is a colorless opaque round worm, having an elongated body of very delicate structure possessing a marked tendency to coil; its cuticula is transversely striated; its anterior end slightly thickened or club-shaped, without the lips or papilla; its posterior end is rounded and tapering to form the tail. The male is shorter than the female worm, being 35 to 40 millimeters long, or about two inches, according to Stitt, while the female is 75 to 95 millimeters long, or about three inches, according to Stitt, and not as broad, the male being 0.1 to 0.12

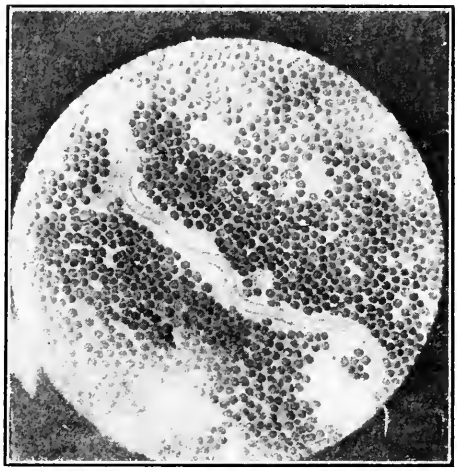
millimeters, the female 0.21 to 0.28 millimeters broad; but its tail is more twisted into a coil than that of the female. Both sexes are found together in lymph channels coiled up into a knot. The female is viviparous, and has an opening to the exterior, situated near its anterior end, which opening is its vagina, from which extend two thin-walled uterine tubes which almost completely fill the body cavity, pushing the intestine close up against the body wall. These tubes are filled with ova and embryos in various stages of development. The *ova* are oval in shape, 25 to 28 microms long and about 15 microms wide.



Embryo of filaria sanguinis hominis in stained specimen of blood (low power).

The *embryos* are of most importance to the diagnostician, as they are the evidence of the affection which are found by an examination of the blood, as their presence in the blood indicates the presence of adult filaria in the body. On this table there are five microscopes, under four of which are fresh specimens of blood obtained from this young man last midnight, three of which are under low power, one under high. Under the fifth microscope there is a specimen stained by the eosin-methylene blue method. You will please come down one by one and carefully examine each specimen. You can easily locate an embryo under low power magnification by looking for agitation of the red blood corpuscles, which agitation is due to the movements of the tail of the embryo.

You will please observe that they are comparatively long, being 0.2 to 0.33 millimeters long and 7 to 11 microms broad, and possibly you may see the enveloping sheath. You will also observe that the long worm-like body is rounded anteriorly and the pointed posterior end is in constant motion of a slow sinuous twisting and coiling character, lashing the corpuscles about, but the embryo remaining in one place, as the motion is not a progressive one. The embryos may be kept alive in such a specimen for five days, and after 48 hours empty sheaths are found. They may be very numerous, we having found as many as 14 in one specimen, and it is claimed that in one case the number was estimated at 40 to 50 millions. Their presence in the blood produces a leucocytosis with increase of eosinophiles, but does not seem to produce any deleterious effect upon the person affected, their presence being



Filarial embryo in the blood.

important as an indication of adults in the body and as a menace to others, as they may be drawn into the mosquito and transmitted to other persons.

BLOOD EXAMINATION.

October 16, 1912 (Midnight).

No plasmodia.
No pigmentation of leucocytes or plasma.
Slight increase in leucocytes.
Marked increase in blood plates.
No morphological changes in red blood corpuscles.

Filaria sanguinis hominis present. Slide and cover-slip specimens made at 11 P. M. showed, respectively, 6, 3, 1 and 0 per drop. A drop drawn at midnight showed 14 parasites. These re-

tained motility for at least 40 hours at cool room temperature, being still motile at the time this report was written.

Differential counts on midnight specimen shows:

	Number Counted.	Per Cent.
Small mononuclears	142	23.67
Large mononuclears	17	2.83
Transitionals	30	5.00
Polymorphonuclears	342	57.00
Eosinophiles	64	10.66
Basophiles	5	0.83

WHITNEY AND WYLIE.

Life History.—The female filaria is viviparous, and the embryos in large numbers are evacuated into the lymph stream, thence into the blood stream. The mosquito, *culex fatigans,* bites a person affected with filaria, sucks the embryo-charged blood into its stomach. Twelve hours after the embryos have been taken into

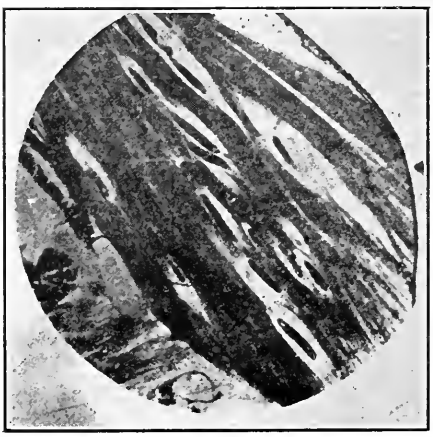
Filarial embryo leaving its sheath.

the stomach of the mosquito one may find empty sheaths and embryos lying side by side, indicating the shedding by the embryo of its enveloping sheath. By the next day the embryos have passed through the wall of the mosquito's stomach and become imbedded in its thoracic muscles, where they remain and develop. At the end of 11 days they are 20 to 25 microms broad and more than 580 microms long. At about the 17th or 18th day they have developed into larvae, and leave the thoracic muscle and migrate into the connective tissue in front of the prothorax. At this stage of development the larvae are more slender than before, being 18 to 20 microms in diameter, and show the presence of an alimentary canal and rudimentary reproductive organs. By the 20th day the larvae have penetrated into the head and proboscis; then they pass to the labium. Like the malarial organism these larvae are inoculated into a person, passing from the labium by way of Dutton's membrane. The last stage of development occurs in the lower layers of the skin of the person bitten, where the larvae develop into the adult form of filaria, and there copulate. Adults

may occlude large lymphatics and produce lymph stasis, with resulting dilatation of lymphatics, varicose lymphatic vessels, chyluria, varicose inguinal glands, lymph scrotum, chylocele, lymphangitis and elephantiasis. It is also possible that in case of injury to the adult female filaria, ova and embryos may be extruded and occlude lymph vessels.

Its Geographical Distribution.—This affection is a tropical disease, although it may be found in the subtropics. It has been found in tropical Asia, Africa, America, Australia and, as we see by this case before you, in the West Indies. In Samoa and other South Pacific islands the affection is prevalent, affecting about 50 per cent. of the population. The first mention of the organism in the United States was by Salisbury in 1868. Guiteras in 1886 reported four cases from Key West and one from Charleston,

Embryo Filaria (high power).

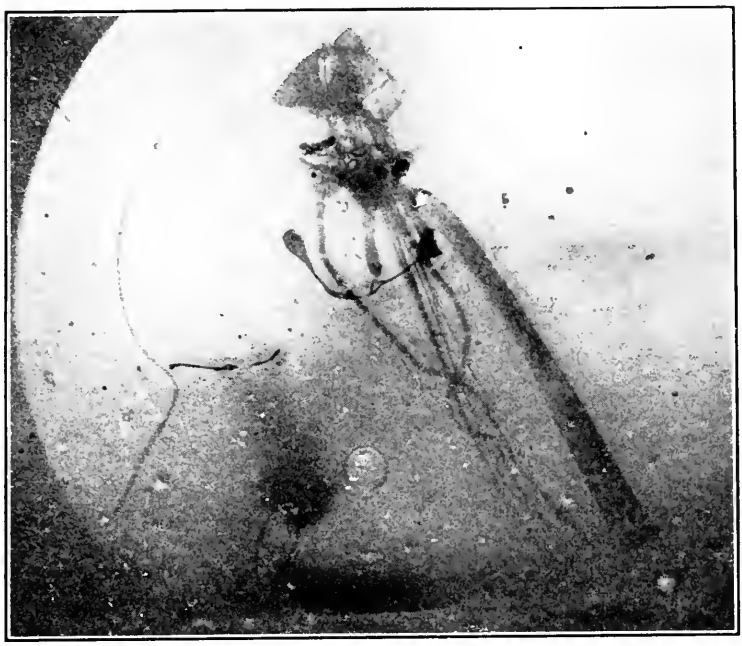


Filarial larvae in thoracic muscle of mosquito.

S. C. As the presence of the embryos in the blood does not necessarily produce outward manifestations of the affection, filariasis may be more widely distributed than is at present known. For instance, in the Barbadoes nearly 13 per cent. of the persons examined had filarial embryos in their blood, yet two-thirds of the infected cases showed no signs or symptoms of the disease.

The clinical history of the case before you is as follows: About two years ago this young man had his first attack, and has had numerous attacks since then up to the time he left Porto Rico, the last two attacks being about one month apart. He describes his condition as follows: For a few days he feels languid and weak and has no desire for food, a condition of malaise; then he has a severe shaking chill, which necessitates his going to bed, soon followed by a fever (103° F.), which begins to subside on the second day, disappearing entirely about three days, and he then feels as well as ever until another attack begins. During the at-

tacks he notices a series or chain of small swellings in the right groin and a slight swelling on the under surface of the elbow of the right arm, from which extends a reddish-colored streak up the arm nearly to the axilla. He came to Baltimore last September and had one attack in that month, but none since. He informs me that at home he has taken arsenic regularly for a month at a time without beneficial results. For the swollen glands he has derived relief from pain by the application of the tincture of iodine. On account of the malaise, fever and pain on walking he found it necessary to remain in bed about three days. Change of climate



A microphotograph of the head of the mosquito, showing the compound eye above, the broad labium to the right, and the antennae drawn up out of the way of the proboscis while the mosquito is at work.

seems, up to the present time, to be the only thing which benefits the person affected, drugs such as arsenic, alteratives and tonics and salvarsan having been tried, but found inefficient.

The prognosis in this case is good, as he has already shown improvement in not having had an attack for six months and in the number of embryos in his blood having apparently decreased. He expects to stay here this summer and next winter, and we confidently expect that in a year's time he will be much improved, and we have hopes of him being cured. As to his general physical condition, it is very good, except that he is perhaps slightly undersized. His mental condition has not evidently been impaired by

the affection, as we have found him a very good student, and he stands well in his class.

In conclusion, I ask you to remember the marked contrast between this affection and that due to hookworm. In this one the adult worm is merely in the body as its host, lying in the lmyphatic channels, producing no pathological effects except those brought about by mechanical clogging of the lymph vessels, while in the other the adult worms attach themselves to the villi of the intestine and practically suck the strength from the person, thereby producing physical and mental deterioration, or preventing normal development.

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The microphotographs were prepared by P. E. Schaun, a student of the Junior Class of the Baltimore Medical College.

INTERNAL DERANGEMENTS OF THE KNEE JOINT.*

By Arthur M. Shipley, M.D., and Frank S. Lynn, M.D.

FROM an anatomical standpoint the knee joint is unlike other joints in some particulars—and this peculiarity causes some of the diseased conditions to which this joint is liable.

In the first place it depends entirely upon ligaments for strength and stability. The articular surfaces of the tibia and femur present no real cup or socket and no real concavity. The only approach to any mortise effect is the projection of the spine of the tibia between the trochanters of the femur, and here the spine is far too small to procure any locking effect.

Another peculiarity is that the knee is supplied with two sets of ligaments spoken of as an external and internal set. There is no especial peculiarity about the external ligaments except the fact stated above, that almost the entire stability of the joint depends upon them. Practically speaking, the knee is surrounded by a strong, capsular ligament which is strengthened in front and on the sides by thickenings spoken of as the anterior, external and internal lateral ligaments respectively.

The internal ligaments present various interesting facts, and here is found the explanation of much of the knee joint trouble.

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*Read before the Semi-annual Meeting of the Medical and Chirurgical Faculty at Upper Marlboro, November, 1914.

The flattened articular surfaces of the upper end of the tibia are deepened by wedge-shaped semicircles of cartilage which are firmly fastened to the upper margins of the tibia. These are the semilunar cartilages, and the fastenings are the transverse and coronary ligaments.

Then there are two other internal ligaments, very peculiarly arranged, called the crucial ligaments. These aid in limiting the motions of the joint and in supporting the weight of the leg when the foot is off the ground.

There are still other structures within the knee joint, and it is not so easy to define their function.

There is the ligamentum mucosum described in the anatomies. This is a vertical partition extending into the joint from the anterior portion below the patella to the intercondyloid notch. It is roughly triangular in shape and is a fold of the synovial membrane containing ligamentous fibers. It sends off two fringe-like folds upward and laterally, and these folds are called the ligamenta alaria.

All these structures are well-known and described in all textbooks of anatomy. Now we come to the other structures with which we are not so familiar. These structures are usually called joint pads, and there are a number of these projecting into the cavity of the knee joint. There are two which are definitely named and are called the infra and supra-patellar pads. These pads are composed of fat, fibrous tissue and blood vessels, and are covered by synovial membrane. There are a number of opinions as to their function. One is that these folds serve as "wipers" for the joint surfaces to keep them moist; another is that they add to the extent of the synovial surface, and are believed to increase the secretion of synovial fluid. The knee joint is rather imperfectly supplied with synovial fluid.

The infra patellar pad is by far the largest and most important. It is attached to the extensor tendon below the patella, and projects backward into the joint. This pad becomes lobulated and the lobules develop pedicles. There are two kinds of lobules—one is composed of fat and is soft, the other is hard and firm and approaches cartilage in its structure.

Now these pads together with the ligamenta mucosum and alaria render the synovial surface of the knee joint anything else than a smooth one, and it is this peculiar reduplication of the lining of the joint, together with the lack of bone stability and great wear and tear that make this joint so frequently the site of the so-called internal derangements.

In infectious diseases of the knee joint these reduplications of the synovial membrane become red and swollen and give to the synovial surface a very irregular appearance, and hence we have the term villous arthritis so often applied to the knee joint.

These structures explain in part another condition occasionally seen in this joint—the presence of detached pieces of cartilage.

Most of these are believed to be the pedeculated lobules of the joint pads which have become detached from their pedicles.

The most frequently injured structure within the knee joint is the infra-patellar pad. Ends of this pad become pediculated and elongated, and are caught between the articular surfaces of the femur and tibia. This injures them and causes irritation and thickening. The pinching produces pain and the pain is especially noticed when stair climbing. In addition to the pain there is either intermittent or continuous synovitis with effusion. Sometimes the pinching takes place suddenly and in considerable degree so that these patients complain of sudden disability, and this condition may therefore be mistaken for loose or torn semilunar cartilage.

There are two classes of patients who are affected with hypertrophied fringes, or elongated joint pads.

One class is composed mainly of women, and of women who are fat. Here the joint pad becomes much elongated because of fat deposition and the patient complaints of almost constant pain when walking. On examination this pad can often be felt projecting into the infra-pateller space and projecting outward on either side of the ligamentum patellae.

This condition is sometimes called lipoma of the knee joint.

The other class of patients is composed chiefly of athletes and laborers. Here the pathological picture is very different, although the symptoms are practically identical. In this class the elongated and thickened pad is composed not of soft fat covered by smooth synovial membrane, but is made up of hard, firm cartilage-like material whose covering is rough and irregular, and in two of our cases there were distinct evidences on the articular surfaces of the condyles of the femur of bruising and indentation produced when these hard cartilagenous bodies were caught between the bones.

The condition that most nearly approaches this in symptomalology is dislocation of the semilunar cartilages. This condition is variously spoken of as Hey's internal derangement of the knee joint, slipping cartilage, loose cartilage. The internal semilunar is the one chiefly involved. This condition has been long recognized, and very many cases have been reported. It is a definite pathological and clinical entity. As numerous as have been the reported cases of this condition, it is believed by many not to be so frequent as hypertrophied joint fringes, and it is quite likely that some of the patients who have had their semilunar cartilage either removed or sutured in position, and have not been improved thereby, were not disabled by this condition, but were really incapacitated by enlarged joint pads.

It is now believed that almost all of the floating cartilagenous bodies were originally a portion of these pads.

I shall make no attempt to discuss the many other diseased conditions of the knee joint, but with the above statement as an introductory and explanatory one, will report a short series of six cases which fall in this group.

Case I. A middle-aged man, a foreman of a gang of laborers, who gave a detailed and intelligent history, complained of frequent attacks of sudden, violent pain in the knee, followed by complete disability for a short time and rapidly developing synovitis. I thought at first that he was suffering from a detached semilunar cartilage, but the pain was not on either side in the neighborhood of the semilunars, there was no tenderness over the semilunars, and he located the pain as being in the posterior portion of the joint. He was always free of pain when the joint was full of fluid. The X-ray showed nothing abnormal.

An arthrotomy was done by means of a vertical incision parallel and to the inner side of the extensor ligament. The joint was well filled with rather clear fluid and at first no foreign body was found. The internal semilunar was examined and found intact. With the examining finger thrust far back in the joint behind the crucial ligaments, a loose body was felt, and this was lifted out and found to be a large free cartilagenous body with an uneven surface and about the diameter of the end of the finger. At that time I knew nothing about joint pads, but I noticed that there projected into the joint a number of elongated masses whose ends were hard, and I trimmed away these masses. There was considerable bleeding, and to control this the stumps were ligated by transfixion. The wound was carefully closed, layer by layer, with fine silk without drainage, the joint immobilized in a plaster dressing, and the patient made an uneventful recovery and afterward was free from his previous attacks.

Case II. This patient was a man nearly 60, who had suffered a long-standing knee condition with attacks of periodical synovitis, pain and disability, but, added to this, for some time previous to our seeing him his knee was becoming more and more fixed.

Arthrotomy disclosed a pathological picture resembling arthritis deformans. There was great thickening of the articular cartilage just at the joint edges of the bone, and this thickening was in the form of nodules, varying in size up to a small marble. These were chiselled away. On further examination the ligamentum mucosum and joint pads were studded all over with these same cartilagenous bodies, but there were no adhesions anywhere within the joint. The fringes were excised.

Case III. The patient was a very fat woman, about 30 years of age. She complained of constant pain in one knee on walking. She did not suffer any particularly acute attacks, and she was not entirely disabled. She got about, but with almost continual pain. This disappeared when she was not standing or walking.

On palpation of the joint thickening could be felt on both sides of the ligamentum patellae. She had a moderate amount of fluid in the joint.

Arthrotomy disclosed large masses of fat covered by very thin synovial membrane projecting into the joint cavity. The edges of these fat masses were much frayed and thinned out in places.

They were removed. The patient has gotten about without pain, and is apparently cured. This was three years ago.

Case IV. This patient was a middle-aged man, a foreman in a marble quarry. He had been having trouble with one knee for more than a year, and he dated his trouble from a fall of about two feet off a piece of timber.

There was no locking of the joint at any time, and no limitation of motion. The chief symptom was pain when walking with effusion into the joint.

Arthrotomy showed a moderately reddened synovial membrane with considerable free flued in the joint; the semilunars were not injured. There were two irregular masses projecting backward and upward into the joint from the infra patellar fossa. There was a mass on either side of the ligamentum mucosum, and apparently identified with it so that there really seemed to be but one mass. This mass could be separated into its component parts, however. The edges were frayed out and in places long processes were connected to the mass by thin pedicles. These edges were hard and nodular. The articular surface of the condyles of the femur were indented in places.

These masses were removed with curved scissors close down to the joint surface and the stump ligated by suturing to prevent bleeding into the joint. His recovery was a most excellent one.

Case V. This patient was a young man who had suffered repeated attacks of pain with effusion into both knee joints. The duration had been three years. A condition complicating the diagnosis was the fact that he had had gonococual urethritis and a diagnosis of gonococcal arthritis had been made by several physicians.

Two operations were performed on this patient—an arthrotomy of each knee joint. There was considerable redness of the synovial membrane. The two joints were very similar except that the fringes were much more hypertrophied in one than in the other.

These fringes were very long and the masses were large. They filled up a considerable portion of the joint cavity and projected chiefly from below and in front backward and upward beneath the condyles of the femur when the knee was partially flexed. They were carefully removed. Cultures and smears were made from the fluid before and during operation, and the tissue removed was inoculated into the joints of animals and cultured. All of these resulted negatively.

This case is the most recent one of the series. He has had no recurrence of effusion, but it is less than a year, and I can not report him as cured.

Case VI. This case was a young woman who had large ligamatous masses projecting into her knee in the position of the infrapatellar joint pad. An interesting thing about this case was that she was very thin.

Arthrotomy was done, the masses removed, and she has had no further trouble, although this was about 18 months ago.

In conclusion, it will thus be seen that from the nature of the structures causing these derangements, the X-ray does not give us very much assistance in a great many cases, and that only by an exploration of the joint can we ascertain the true condition of affairs. It is our conviction that semi-lunars are not so much at fault as was formerly supposed.

Finally, mechanical disadvantages mentioned at the beginning of this paper, together with the weight that the joint is repeatedly called upon to bear in all positions of flexion and extension, furnish the chief reasons why the knee is the most frequently deranged of all the joints in the body.

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WILLS HOSPITAL OPHTHALMIC SOCIETY.

Meeting of October 5, 1914.—Dr. S. Lewis Ziegler in the Chair.

GONORRHEAL OPHTHALMIA.

Dr. S. D. Risley exhibited a patient convalescing from a violent attack of gonorrheal opthalmia, which he said was the only case occurring in his service for many years. The patient had first applied with a catarrhal conjunctivitis, which simulated, because of the retrotarsal swelling and viscid discharge, the early acute stage of trachoma, but laboratory study showed only streptococci and a few pneumococci. A thorough application of silver nitrate at the clinic, and an alkaline wash and zinc sulphate at home, led to a speedy recovery.

A few days later the patient returned with swollen lids, a profuse purulent discharge and an edematous collar embedding the entire limbus of the cornea. He had severe pain. Laboratory study revealed an abundance of gonococci. He was admitted to the isolation ward, and placed on continuous iced compresses, frequent thorough cleansing and strong solutions of silver nitrate to the everted lids and retrotarsal folds.

The pain continued. In forty-eight hours, the cornea was infiltrated, and the anterior chamber apparently filled with pus. The ball was hard, swollen and extremely tender to palpation. The cornea ruptured, and a hopeless prognosis was given.

The conjunctival sac was then filled with a 10 per cent. ointment of cassaripe, i. e., the expressed juice of the black cassava, the base of the West Indian pepper-pot used by the natives to preserve meat. The pain and suppuration subsided with great rapidity, the swelling of the lids disappeared, and convalescence was rapid. The site of the corneal rupture, to the nasal side of the pole, became closed, showing a contracting scar and adherent iris when the patient was exhibited by Dr. Risley. Elsewhere, the anterior chamber was re-formed. The ball was nearly free from injection, but discolored from the conjunctival infiltration. The man could count fingers readily. Such a recovery from what had appeared at one stage to be a hopeless condition was, in Dr. Risley's experience with gonorrheal opthalmia, remarkable. For a study of the cassaripe ointment, he referred to his paper presented to the American Opthalmological Society in July, 1898.

Dr. John Turner asked Dr. Risley how long the ointment would keep.

Dr. Risley replied that if Dr. Turner would open the box he would find the salve in good condition.

Dr. William Zentmayer spoke of the uncertainty of laboratory diagnosis of gonococcal conjunctivitis, and said that the most competent bacteriologists acknowledge that they are not always able to make such a diagnosis. He then cited a case in a child on whom he had operated. Two days later there was a discharge from the conjunctival sac, and a collection of necrotic material about the field of operation, with some swelling of the lids. The discharge was grayish. It was not profuse, but free. From a smear of this discharge a laboratory diagnosis of gonococcal conjunctivitis was made. The next day the condition was worse, but not clinically characteristic. The case was sent to the Philadelphia General Hospital, where several examinations were made; yet the gonococcus was not discovered. This should not be considered an adverse criticism upon the laboratory in which the first examination was made; because Dr. Zentmayer knew of three instances in which such a diagnosis had been made, in none of which did the case prove to be gonococcal. These three examinations were made in three different laboratories. One of these patients had become perfectly well within forty-eight hours. Dr. Zentmayer said that he would defy anyone to distinguish the gonococcus from the staphylococcus morphologically, as pictured in Axenfeld's textbook. One, however, is Gram negative, and the other Gram positive.

Dr. William C. Posey asked Dr. Zentmayer whether he had considered the possibility of any of these cases having been metastatic, and said that one could find the gonococcus in smears from the eyes in such cases, even though they might run a moderate course.

Dr. Zentmayer replied that metastatic cases are usually bilateral, while infective cases are unilateral.

Dr. Risley stated that in his case it was improbable that the condition was metastatic, because it was confined to one eye. The

patient had never had gonorrhea himself, but he ascribed the infection to the use of a contaminated towel.

PULSATING EXOPHTHALMOS.

Dr. William Campbell Posey exhibited a case of pulsating exophthalmos, involving both eyes, in a man 66 years of age. This condition had arisen after a fall upon the head, and was supposed to be associated with a fracture of the base of the skull, although an X-ray plate, taken two years after the injury, was negative. Vision began to fail shortly after the accident, and gradually decreased until that of the left eye was finally equal only to counting fingers at 12 inches, that of the right eye being 1/60. The ophthalmoscope revealed the visual diminution to be dependent upon a low-grade atrophy of both optic nerves. The retinal veins were still much distended and tortuous, but no signs of present or past neuritis could be seen when the case was exhibited. There were no hemorrhages. Both eyes were moderately protosed, apparently in consequence of a distention of the orbital veins, for a mass of these vessels was easily palpable immediately under the orbital rim. This mass of vessels pulsated and conveyed a thrill to the examining finger. Both eyes were practically immobile. The right superio oblique, the right internal rectus, and possibly the inferior oblique and the left superior oblique alone functionated. Dr. Posey said that the case had been referred to the Howard Hospital for neurological and surgical study, and that it was the intention of Dr. Edward Martin, the surgeon of that institution, to ligate the carotid.

Examination of the nervous system by Dr. John H. W. Rhein resulted as follows: There was no facial paralysis observable. The tongue was pushed slightly to the right. The finger to nose test showed marked hypermetry and dysmetry on both sides. Adiadochokinesis was present in the left arm and both legs. With his feet together there was a tendency to sway and stagger backwards. Walking showed a side-stepping to the left. The knee-jerks were increased on both sides and were equal. Ankle clonus and Babinski phenomena were both absent. There was no paralysis of the arms or legs. There was a marked irregular tremor of both hands. The symptoms were considered to indicate an involvement of the cerebellum, probably in the nature of a destructive lesion occasioned at the time of the fracture of the skull, two years previous.

BRAIN TUMOR WITH CHOKED DISC.

Dr. Posey then showed a case of brain tumor with choked disc. This condition had arisen in a nonsyphilitic man, 31 years of age, a patternmaker by trade, three years previously, without apparent cause. Vision had begun to fail in the left eye four months previously, and in the right two months later. Total blindness had ensued in both eyes several weeks before the patient came for examination.

Externally there was nothing unusual, except widely dilated

pupils, the ocular movements being good, and there being no proptosis. Ophthalmoscopic examination revealed a high degree (5 to 6 D.) of papillitis in each eye, with dilatation of the blood-vessels, hemorrhages and extravasations. This case, too, had been referred to the Howard Hospital, and Dr. Posey said that it was Dr. Martin's intention to perform an immediate decompression operation.

Dr. J. H. K. Rhein, the neurologist at the Howard Hospital, reported the family history in this case negative, except that the patient's' mother had had several still-born children and miscarriages. His previous history was also unimportant, aside from the fact that since his eleventh year he had had attacks that, from the description, appeared to have been petitmal. For the last six weeks he had had occipital headaches, associated with pain in the frontal and vertical region, vomiting in the morning and vertigo, objective and subjective.

Upon examination the following condition was found: The neck was stiff, offering some resistance to rotary movements; the right side of the mouth drooped when he made an effort to show his teeth, and the tongue was slightly pushed to the right. Slight hypalgesia was present on the right side of the face. There was no weakness of the arms or legs, no tremor and no adiadochokinesis. The right knee-jerk was slight and the left absent, but both were reinforcible. There was no clonus nor Babinski sign. Dr. Rhein thought that the symptoms pointed to a diagnosis of cerebello-pontine angle tumor, showing involvement of the fifth, seventh and twelfth cranial nerves.

EXTENSIVE INJURY TO BOTH EYES FROM A DYNAMITE EXPLOSION.

Dr. Posey exhibited a patient in whom the left eye had been torn away entirely, and the right so badly lacerated that vision was reduced to light-perception. When first seen, some weeks after the accident, the conjunctiva had covered the lower half of the cornea and was adherent to a dense scar, which extended across the cornea. The lens was cataractous. The eyeball was entirely exposed by a complete entropion of the lower lid, the lid being folded back and held in its ectasic position by a broad fold of cicatricial tissue. Four operations were necessary: First, the lid was restored to its normal position by cutting away the adhesions and transplanting a broad pedicled flap from the forehead to fill in the gap left between the lid and the brow. A month later the cataract was needled and the lens afterward removed by the curette. A second needling obtained a clear pupil. Vision being still low on account of the corneal scar blocking the greater part of the pupil, an iridectomy was made, the sphincter of the iris being incised in such a way that the upper margin of the pupil was brought to within a few millimeters of the corneal margin. The corrected vision at the time of the exhibition of the patient before the Society was equal to 5/15, and the patient could read newspaper type without difficulty.

Dr. P. N. K. Schwenk spoke of a patient whom he had examined and found with an entirely normal fundus and a vision of 6/5 in each eye with a plus 1½ D. glass. A month later she complained of pain in the left eye, with which she could not see well. She was then found to require a 3 D. glass in the left eye in order to give 6/5 vision, and the same glass was also needed for the right eye, giving the same amount of vision. There was beginning swelling of the left disc, 2½ D. Dr. Schwenk notified the family physician of the patient's condition and they conducted further examinations together. The urine was negative. Two weeks before the meeting there was also beginning swelling of the left disc of about 2 D. This had increased to 6 and the right eye had 5 D. of swelling. The patient still retained 6/5 vision, but required a slightly stronger glass in each eye. The fields had just been taken and showed a limitation for white. The red and blue fields were interlacing. The patient did not have any localized symptoms other than what could be seen in the fundus. Dr. Schwenk thought that there was probably a new growth affecting the greater part of the left optic nerve and the anterior parts of the fibers of the right.

Dr. John B. Turner asked whether an X-ray had been taken of the case, stating that Dr. Schwenk had shown a case in which a brain tumor had been diagnosed from the X-ray. A decompression operation was done in this case and the tumor was not found, but there was every symptom of brain tumor.

Dr. Rhein replied that an X-ray had been taken, but that it showed practically nothing. There was no filling of the sinuses whatever.

Dr. Zentmayer asked whether Dr. Rhein meant the sphenoid sinus, and Dr. Rhein replied that he had referred to the cerebral sinuses.

THE RESULT OF AN ADVANCEMENT OF THE EXTERNAL RECTUS, AFTER THE METHOD OF O'CONNOR.

Dr. William Zentmayer said that before he described the operation he would like Dr. Schwenk to show the result.

Dr. Schwenk exhibited the patient and stated that he had had a divergence of 50 to 60 degrees. Dr. O'Connor had come to the hospital personally and performed the operation, with the result that the patient had nearly parallel fixation. The internal rectus was advanced without cutting the external rectus muscle. It was thought at the time that the operation would probably have to be done on each eye, but the result was so good that it was decided to let the case alone until it was seen what the final result would be.

Dr. Zentmayer said that the eye operated on by Dr. O'Connor for him at the same time that Dr. Schwenk's case was done was one with convergent squint of 20 degrees. The immediate results showed only 10 degrees of correction, but later, the amount of squint was lowered and the result was very good—better than any that Dr. Zentmayer had seen obtained from a single advancement

without tenotomy. While a good muscle-attachment could be secured by the Worth method, the speaker considered the rest of that procedure as faulty as any of the other modifications of the advancement operation, the weak point in this operation being the scleral attachment of the advanced muscle. For this reason Dr. O'Connor had been anxious to discover some method of shortening the muscle without having the inserted sutures under any strain whatever. He was led to devise this method by having seen the cowboys on the prairie shorten their surcingles by drawing them up between two loops of another strap. He shortened the muscle in the same way.

The first step in the operation was to lay bare the tendon of the muscle dissecting it clearly and sharply. It was then loosened with a strabismus hook, passed under it. With a hook a narrow band of the tendinous fibers was separated from the upper margin—about 1½ to 2 mm. The same was done below. Dr. O'Connor then made an incision, turning back a central flap of the muscle out of the way and leaving nothing but the two narrow bands of the tendon lying on the sclera. He next took a piece of Lukens' No. 4 20-day catgut and made a loop beneath one tendinous strip. The next step was to pass the two ends of the suture over the muscle and then through the loop. He then drew upon these two ends to bring the loop into position. The strain from the loop of catgut was transferred to the tendinous strips when the catgut was pulled upon, shortening them very considerably. He also did the same thing below. In order to avoid the hump that would be formed by tying this catgut again he took a piece of fine 00 catgut and tied it around the base. He then did the same thing below. When he laid the tongue of muscle down in position again the considerable amount of shortening obtained could be distinctly seen. This tongue was then advanced by using a single suture. The next step of the operation was to cover the muscle with a fold of conjunctiva and put in a stitch. He did not tenotomize the opposing muscle, because, as he had performed the operation only a few times, he wanted to give it a severe test. The sutures not being under any strain, the patient was allowed to go with only one eye bandaged. Dr. Zentmayer stated that Dr. O'Connor uses for this operation No. 2, No. 3 or No. 4 gut. With the latter he expects to get 20 degrees of shortening.

Dr. Posey asked how much muscle was cut off.

Dr. Zentmayer replied that none was cut off. He then stated that he had just received a letter from Dr. O'Connor, in which he had tried to explain why the immediate result had been so slight in the operation that he had performed at the Wills Hospital. He thought that he might have paralyzed the muscle fibers at the time of the operation by using a clamp on them, and that these muscle fibers had gradually recovered their tone when released from the clamp. He said that in future he would put a suture in instead of using the clamp.

Dr. Zentmayer added that the catgut must be moistened, but must not be too moist, because this would cause it to swell and make it difficult to tie.

A CASE OF LUPUS OF THE EYELID TREATED WITH A THIERSCH GRAFT.

Dr. McCluney Radcliffe presented this case because he considered it one of unusual interest. The patient had been referred to the hospital by Dr. F. J. Walter and Dr. C. C. Bahannon, of Daytona Beach, Florida. Several years ago he had been treated for a small growth on the right cheek, which was apparently cured by means of a plaster. In August, 1913, he noticed an ulcer at the inner canthus of the left eye, which was treated by cauterization and the X-ray for six months, but without improvement. Dr. Bahannon had had a microscopical examination made of the discharge by the State Board of Health of Florida and tubercle bacillli were found in it.

At the time of admission to the hospital there was a large ulcer of a dirty grayish color at the inner canthus of the left eye. It was so painful that cocaine had to be applied every few hours in order to give relief, which, even then, was not complete. The ulcer was curetted and the site covered with a very thin Thiersch graft, which united promptly. The patient had absolutely no pain after the operation. An ulcerative condition existed also on the right side of the nose near the tip. This had been curetted a week prior to the meeting, leaving a raw surface as large as a thumnail and quite deep, over which an exceedingly thin Thiersch graft was placed. The appearance of the graft gave every indication of a perfect result.

Dr. Radcliffe also showed a case of ectropion cured by Thiersch grafts, after failure by other operations.

Dr. Risley congratulated Dr. Radcliffe on his results in these Thiersch grafts, and said that he was particularly delighted with this method, by which it was possible to get *in situ* a sufficiently thin Thiersch graft over the denuded surface. This contracted less than anything else that he knew of, and the ultimate results from its use were better than those of any procedure that he had ever tried. He stated that when these grafts do not include the true dermis they do not shrink afterwards. He had often insisted upon the technique of the operation, stating that one should avoid killing the cells by rough treatment. The grafts should not be removed from the surface of the razor until time to place them on the surface of the wound.

Dr. F. J. Walter, of Daytona, Florida, had been impressed with the healing which had taken place. There had been quite a little suppuration, and he had feared that Dr. Radcliffe would not be able to obtain so profitable a result as he had succeeded in getting. Dr. Walter thought that this success had been due to the use of a very thin graft, which had been placed in good apposition with the parts of the cavity at the time of the operation. The beautiful

result that followed had been rather a surprise to him, particularly as the ulcer had been so painful.

Dr. Henry L. Picard asked whether Dr. Radcliffe had taken into consideration the idea that the condition might be an epithelioma in these cases.

Dr. Radcliffe replied in the negative and stated that he had at first taken it to be lupus.

Dr. Picard said that he had seen cases of lupus in adolescents, but that the ulcerations on the face of a man, if the age of the patient, usually appearing on a line from the angle of the mouth to the ear, he had always been led to believe to be cancerous or rodent ulcers.

A CASE OF INTERSTITIAL KERATITIS TREATED WITH INJECTIONS OF ENESOL.

Dr. S. Lewis Ziegler showed a patient whom he understood had been in the hospital previously and had been treated with Salvarsan, the Wassermann test having been found positive. Improvement, however, had not followed the injections. Dr. Ziegler had used enesol on account of its successful use by Dr. Darier, who had injected a great many cases with it intravenously in his clinic. Dr. Ziegler had seen him inject 10 or 15 cases in a single afternoon, and, as the possibility of obtaining Salvarsan was limited, he thought it would be a good thing to try this excellent substitute for it. He stated that in this patient the eyes had been exremely irritable, but were becoming quiet, and that the cornea was claring very rapidly.

The patient had come into the hospital on the 3d of July. Dr. Ziegler said that enesol is salicylarsenate of mercury. It comes in ampules containing 1/300 of a gram, and can be used either intromuscularly or intravenously.

J. Milton Griscom, M.D.,
Secretary.

Book Reviews.

The Clinics of John B. Murphy, M.D., at Mercy Hospital, Chicago. December, 1914. Published Bi-monthly. Philadelphia and London: W. B. Saunders Company. Baltimore: The Medical Standard Book Company. Paper, $8 per annum.

This issue contains clinical talks on such topics as fracture dislocations of the spine at the level of the twelfth dorsal vertebra, pressure of the lower fragment on the spinal cord, symptoms, diagnosis, laminectomy, appendicitis in pregnancy, recurrent cholecystitis, Hodgkin's disease, sarcoma of the right tibia, excision, transplantation of bone, subsequent fracture of the transplant and development of a pseudarthrosis, secondary transplantation of bone, bilateral tuberculous epididymitis with abscess formation, resection of epididymis and vas on both sides, leaving

the testes, gummatous tumor of the testicle, perforating duodenal ulcer fixed to the anterior abdominal wall, excision of the ulcer, gastroduodenostomy, etc. Dr. Murphy states that we are still losing too many appendicitis patients. The members of the profession he holds at fault. There is no denying the facts concerning the symptomatology, course and the results of treatment; they have been thoroughly established in many clinics on a multitude of patients. He further maintains a physician has no right to hold an opinion at variance with established practice, based on a series of only 5, 10, or even 100 cases. So many able surgeons with well-organized clinics have handled and studied exhaustively thousands of cases that a man be either a transcendent genius or an egotist who dares oppose the present established views in terms other than those of numbers. He advises the removal of the appendix if the case is gotten within forty-eight hours from the beginning of the attack; later than two days from the incipiency of the attack the appendix should be allowed to wall off and go into abscess formation. The most dangerous period in which to operate in these cases he considers the third or fourth day. In any event, in pus appendix the abscess should be evacuated and the wound closed, the appendix remaining untouched. In his opinion this line of treatment gives the best results.

The Clinics of John B. Murphy, M.D., at Mercy Hospital, Chicago. October, 1914. Published Bi-monthly. Philadelphia and London: W. B. Saunders Company. Baltimore: The Medical Standard Book Company. Paper, $8 per annum.

This number, like many of its predecessors, is given over to discussions on bone and joint surgery. It is in this line that Doctor Murphy is most interested at present, and as he has been doing a pioneer work, any additional information he can throw upon the subject should be eagerly awaited by the profession. There are also articles on the use of radium and the X-rays in the treatment of cancer, imperforate anus, hypertrophy of the middle lobe of the prostate, urinary retention, prostatectomy, fecal fistula, epithelioma of glans penis, traumatic epilepsy, etc.

Child Training as an Exact Science. A Treatise Based Upon the Principles of Modern Psychology, Normal and Abnormal. By George W. Jacoby, M.D., Fellow of the New York Academy, Member of the American Medical Association and New York Neurological Society, Consulting Neurologist to the Hospital for Nervous Diseases, the German Hospital, the Beth Israel Hospital, the Red Cross Hospital, and the Infirmary for Women and Children in the City of New York, etc. With illustrations. Funk & Wagnall Company. 1914. Cloth, $1.50.

Though pedagogy and medicine are two entirely different and distinct fields of efforts, they overlap to such an extent and

are so interrelated that they cannot be absolutely separated. At first glance the points of overlapping are not apparent, but upon closer inspection the need of medicine in pedagogy is thoroughly realized. Though the former is concerned with the moral and mental development of the child and the latter with the physical, to get the best results in education there must be a healthy body. The relationship between disease and mentality as yet is only partially recognized by the medical fraternity and but slightly by the laity. This is due to the insufficient education along these lines. Yet today everybody is well aware of the stupidity associated with adenoids. Many other examples could be cited, but what's the use? It is with this aspect of medicine that the above-mentioned book is concerned. It is a field that is more or less virgin in character and one which heretofore has not been covered in a single volume. When one stops to realize that the men and women of the future are the children of today, one must be convinced if the nation is to be composed of healthy, virile people, the health of these little men and women must be conserved to the fullest extent. Heretofore only sporadic efforts have been made to correct the defects hampering school children, but today there is a well-directed wave in that direction, and the book before us is destined to still further call attention to the possibilities along these lines.

MANUAL OF OBSTETRICS. By Edward P. Davis, A.M., M.D., with 171 illustrations. Philadelphia and London. W. B. Saunders Company, Baltimore. Medical Standard Book Company. 1914. Cloth, $2.25 net.

With the number of excellent obstetrical manuals on the market, one would *a priore* conclude there was no necessity for the book before us. Owing to the many changes in obstetrical knowledge during the past few years, the above conclusions do not hold. Especially is this the case because the above volume is written from a clinical standpoint, a viewpoint not taken by most of the other smaller books on obstetrics. Every aspect of obstetrics is fairly well covered, most emphasis, however, being laid on diagnosis and treatment. It is this portion of obstetrical literature which is most needed and sought after by the general practitioner. As a consequence, this book should prove a welcome and useful addition to their libraries. Besides discussing the anatomy and physiology of the female generative organs, pregnancy (diagnosis, physiology, hygiene, maternal and fetal pathology of pregnancy), labor, the physiology of labor, the conduct of labor, etc., it enters into a sufficiently fulsome narration on the normal puerperal period, care of the normal infant, obstetric surgery, etc. It is a practical little book, full of helpful information, and when used in conjunction with classroom work should prove invaluable.

PRACTICAL THERAPEUTICS, INCLUDING MATERIA MEDICA AND PRESCRIPTION WRITING, WITH A DESCRIPTION OF THE MOST IMPORTANT NEW AND NON-OFFICIAL REMEDIES PASSED BY THE COUNCIL ON PHARMACY AND CHEMISTRY OF THE AMERICAN MEDICAL ASSOCIATION. By Daniel M. Hoyt, M.D., formerly Instructor in Therapeutics, University of Pennsylvania; Fellow of the College of Physicians; Assistant Physician to the Philadelphia General Hospital. Second Edition, Revised and Rewritten. St. Louis: C. V. Mosby Company. 1914. Cloth, $5 net.

The beauty of this book is that at a glance the reader can get the physiological action, the toxicology and the uses of the drug under consideration. It also contains a description and the use of all new and non-official drugs that have been passed upon by the Council of Pharmacy and Chemistry of the American Medical Association. Besides these very decided attractions it contains a therapeutic index, a welcome addition to the busy practitioner. This is one of the best books we have seen from the publishing-house of the C. V. Mosby Company. The arrangement of the drugs, according to their physiological action, is ideal, and we believe will best serve the interests of the busy practitioner. For thereby he can with the least loss of time get the information he desires. It gives us great pleasure to heartily recommend the volume to our readers as a thoroughly reliable and trustworthy guide in matters pertaining to present-day therapeusis.

WORRY AND NERVOUSNESS; OR, THE SCIENCE OF SELF-MASTERY. By William S. Sadler, M.D., Professor of Therapeutics the Post-Graduate Medical School of Chicago; Director of the Chicago Institute of Physiologic Therapeutics; Fellow of the American Medical Association; Member of the Chicago Medical Society, the Illinois State Medical Society, the Press Club of Chicago, the American Association for the Advancement of Science, etc. Illustrated. Chicago: A. C. McClurg & Co. 1914. Cloth, $1.50 net.

The book before us is devoted to a concise and systematic presentation of the treatment and management of the various nervous maladies. It is written in a more or less popular style so as to make it available to both the profession and laity. It is therefore as far as compatible devoid of technical terms. This feature, however, is not a drawback, as it makes the content more readily assimilable to those members of the profession not in touch with modern nerve treatment. The physiological and psychological phases of functional nervous maladies are merely touched upon, most attention being given to therapeutics, especially to the details of the treatment and practical management of the neuroses, alcoholism, migraine, neurasthenia, exaltations, depressions, etc. The book is somewhat out of the ordinary and should prove of immense help in directing the treatment of those disorders with which it deals.

MARYLAND MEDICAL JOURNAL

NATHAN WINSLOW, M.D., *Editor.*

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BALTIMORE, JANUARY, 1915

SEX EDUCATION.

THIS is the day of eugenics, the Society of Moral Prophlylaxis and a host of other associations dealing with matters sexual. The question naturally arises, Are these movements for the better or worse? Do they accomplish the purpose which they set out to or not? Have they a corrupting or a beneficial influence? If one stops and considers that medical students with their knowledge of the venereal infections will subject themselves to the possibility of contracting lues or gonorrhoea without the apparent least hesitation, one becomes pessimistic and concludes that the energies of these societies are wasted, its seed sown in barren ground. But, on the other hand, when one stops and reflects, the thought comes, Has any beneficient movement at the outstart accomplished its purpose? It is only after years of agitation that good grows out of these movements. Education, and more education, is indeed necessary before the idea begins to seep through the masses that there is a particle of good in the movement, and one day in the dim future one awakes to find that the idea has indeed taken hold, that the seed is germinating, that the community is alive to the necessity for a change of viewpoint. Though only in its incipiency, undoubtedly these educational movements concerning the sexual side of life have accomplished good, and one cannot predict at this time the benefits which are to arise out of them in the future. Mistakes have undoubtedly been made, and more will be. But one learns by mistakes to avoid them. Broadly speaking, the child should be

informed, and at a comparatively early period, by his parents concerning the proper care of the body, the anatomy and physiology of the sexual organs, the diseases to which they are heir, and, above all, how to avoid evil consequences thereto. Sooner or later the child will absorb this knowledge from the corner gang, obscene literature or observation. Which is, therefore, the better method for him—to be discretely and reverently informed by his parents or vulgarly by his companions? For the child's best interests, undoubtedly by the parents. This is one form of effort the sexual educators are developing, and a form which should be fraught with good potentialities. Wile in the Albany Medical Annals says: "In so far as the fundamental facts in sex education are to be acquired previous to school age, it is manifest that the responsibility for laying this foundation rests upon the home. Attempts to arouse the parents through the medium of the school would undoubtedly awaken their consciences so that they would respond to the appeal to give the necessary facts along the lines suggested by capable teachers. Parents are particularly capable of giving natural instruction, once they appreciate their opportunities for natural instruction in view of their familiarity with the vocabulary of their children, their companions, and their general experiences." The ethical lessons involved in sex education assume the utmost importance. Considered from the standpoint of biological development, physical education, civics and ethics, the high school may afford definite instruction upon the meaning of puberty and the relation of the sex instinct to personal success and physical health. The wider problems of the relation of chastity to family welfare, eugenics and racial advancement can be discussed without equivocation, providing that undue stress is not placed upon the venereal diseases and other pathological phases of the subject. To seek to inspire fear and to establish character upon this principle is poor pedagogy. The attempt must be made to constructively create a desire for clean living and self-control on the basis of a positive knowledge of the essential values of sex facts. The dangers of sex education in the high schools are practically negligible, provided the instruction is placed upon a high biological, ethical and social plane. This is a problem of education which has been neglected. As education is for the purpose of imparting useful knowledge, this feature should no more be neglected than mathematics, spelling, or any other supposedly necessary study.

Medical Items.

The dedication of the new South Baltimore Eye, Ear, Nose and Throat Hospital, Light street near West street, took place with appropriate ceremonies November 14. The erection of the new hospital was made possible by a gift of $10,000 by Mr. William Grecht. It is one of the finest of its kind in the country. There are 20 private rooms and ward accommodations for 20 more beds. Wards have also been arranged for negro patients entirely separate from the white wards. A spacious roof garden occupies half the roof of the building, and both the second and third floors are fitted with large porches in the rear, which face a grove of trees in the big yard.

An operating suite of five rooms occupies a portion of the third floor. The operating-room itself is illuminated by three 500-candle-power lights, installed on the indirect system. These lights make the room brighter than if flooded by sunlight, and yet the indirect method prevents the casting of any strong shadows.

The new building and the old hospital, which will now be fitted up as a nurses' home, are heated by steam and the same set of boilers is used for sterilizing and similar work connected with the hospital. On the first floor are rooms prepared for dispensary treatment.

One of the features of the new building is that only the window frames and the floors of the resident physician's suite, which is on the first floor, are of wood, the remainder of the building being of concrete and steel, with composition flooring. An elevator operated by electric buttons has been installed.

Dr. David Edward Duff has taken an apartment at the Latrobe Apartments for the winter.

Dr. W. T. Willey has moved to his new home in Guilford. He formerly resided on St. Paul street.

Dr. and Mrs. Roland B. Whitridge have returned from their wedding journey and are occupying the residence 1208 St. Paul street.

The new diet kitchen which has been presented to the Hebrew Hospital by Mr. Wm. M. Benesch, was formally turned over to the hospital on November 25. The gift was accepted on the part of the institution by Dr. Harry Adler, president of the hospital board. The kitchen is equipped for the preparation of special foods, and is also a school for the instruction of nurses in training in the science of dietetics.

The *Dietetic and Hygienic Gazette*, which is just completing the thirtieth year of its existence, has been purchased by the Critic and Guide Company, and beginning with January, 1915, will be consolidated with the *Critic and Guide*, and the combined journals will be under the editorship of Dr. William J. Robinson. The offices of publication are at 12 Mt. Morris Park, W., New York city.

Miss Grace Elma Uhler, daughter of the late Dr. John R. Uhler, of 1212 Bolton street, Baltimore, desires to announce that she is prepared to take notes or translate from French and German books, pamphlets, etc., into English, and would appreciate work from the physicians. She was recently located at 1615 McCulloh street.

Dr. Franklin P. Mall, professor of anatomy of Johns Hopkins Medical School, has been appointed head of the new department of embryology of the Carnegie Institution in Washington.

It is not likely that Dr. Mall will sever his connection with Johns Hopkins University to pursue his new work. With his wife he recently returned home from Europe. They were in Heidelberg when war was declared by Germany.

Dr. Mall is a graduate of the University of Michigan, class of 1883. He became instructor in pathology and bacteriology at Johns Hopkins in 1888. In 1889 he resigned from Hopkins and became a professor of anatomy at Clark University, 1889-1892.

At a recent meeting of the Prince George's County Medical Society the following officers were elected for the ensuing year: President, Dr. H. B. McConnell of College Park; secretary, Dr. M. S. McMillan of Riverdale; treasurer, Dr. W. A. Griffith of Berwyn, Md.

Drs. Thomas F. Keating and Roland E. Wynne, formerly resident physicians at Mercy Hospital, have received appointments in the United States Public Health Service as assistant surgeons. They resigned from the staff of the Mercy Hospital last May.

Dr. Lloyd Warren Ketron, Johns Hopkins Medical School, 1911, announces the opening of offices in the Buckler Building, 529 North Charles street. His practice is limited to dermatology. Office hours, 11 to 1.

One of the most startling presentations of the organs of the human body at work ever

made in Baltimore and accompanied by an illustrated lecture was given at the December meeting of the University of Maryland Medical Society, which met on December 3 in Chemical Hall. The lecturer was Dr. Lewis Gregory Cole, chief of the X-ray department of Cornell University, New York, who lectured on "The Negative and Positive Diagnosis of the Stomach and Duodenal Cap." Dr. Cole is a rare genius in his chosen field and has worked with facilities at his command which have arisen from an unlimited expenditure of money. As a result of his exhaustive study, new light has been shed and valuable lessons may be learned from it and from his conclusions.

More than 800 persons crowded the university in an effort to see these pictures, but about 200 had to be turned away for lack of space. For an hour, between noon and 1 o'clock, and again from 8 to 9 o'clock, the moving pictures, which were enlarged to impressive proportions, continued to sweep across the screen, showing all the different movements of the living human stomach, how it acts when healthy and how its actions are interfered with by various ailments.

Dr. Albert H. Carroll recently entertained informally a number of out-of-town guests at the Baltimore Athletic Club. Among those present were Dr. Lewis Gregory Cole of Cornell, Dr. Gerry Morgan of Washington, Dr. Clement Jones and Dr. Mercur of Pittsburgh, and Captain Cristy of the Army X-ray Museum in Washington.

MARRIAGES.

Cleveland D. Whelchel, M.D., University of Maryland Medical School, 1913, of Gainesville, Ga., to Miss Mary A. Rutherford of Winchester, Va., at Baltimore, November 23, 1914. After a wedding journey the couple will reside in Gainesville.

John E. O'Neill, M.D., University of Maryland Medical School, 1910, to Miss Catherine Agnes Thurman, both of Baltimore, Md., at Baltimore, November 23, 1914. Dr. O'Neill has charge of the tuberculosis dispensary work for the Health Department.

William Alexander Boyd, M.D., of Baltimore, Md., to Miss Harriet M. Shannon of Washington, D. C., at Washington, November 4, 1914.

Charles R. Austrian, M.D., Johns Hopkins Medical School, 1909, to Miss Florence Hochschild, both of Baltimore, Md., at Baltimore, December 7, 1914. Dr. Austrian is professor in Johns Hopkins Medical School and connected with the hospital.

H. H. Flood, M.D., Baltimore University School of Medicine, 1896, of Baltimore, Md., to Miss Adelaide Selby of Howard county, Md., at the residence of the bride's parents, Ivory, Howard county, November 24, 1914. Dr. and Mrs. Flood will reside at the Gilman Apartments, Baltimore.

Hugh Warren Brent, M.D., University of Maryland Medical School, 1903, to Miss Helen R. Vogeler, both of Baltimore, Md., at Baltimore, December 16, 1914. Following a wedding trip spent in the South, Dr. and Mrs. Brent will reside at 2124 Maryland avenue, Baltimore.

Jesse Wright Downey, Jr., M.D., to Miss Mary Lee Willis, both of Baltimore, Md., at Baltimore, November 7, 1914.

DEATHS.

Charles Irving Stotelmeyer, M.D., University of Maryland Medical School, 1892, of Hagerstown, Ind., a member of the Indiana State Medical Association, died in the Reid Memorial Hospital, Richmond, Ind., November 12, 1914, after a surgical operation, aged 55 years.

George Washington Boyd, M.D., College of Physicians and Surgeons, 1895, a Fellow of the American Medical Association and proprietor of several drug stores in Washington, died at his home in that city November 21, 1914, from nephritis, aged 55 years.

Alexander Donaldson McDonald, M.D., Washington University School of Medicine, Baltimore, 1877, a member of the Medical Society of the State of North Carolina, died at his home in Wilmington, N. C., November 7, 1914, aged 82 years.

Joseph Muse Worthington, M.D., University of Maryland Medical School, 1872, a member of the Medical and Chirurgical Faculty of Maryland, died at his home in Annapolis, September 21, 1914, aged 68 years.

Samuel J. Hoffman, M.D., University of Maryland Medical School, 1877, a member of the Medical Society of Virginia, died at his home in Woodstock, Va., from carcinoma, aged 62 years.

Abstracts.

AUTHOR'S ABSTRACT OF AN ARTICLE ENTITLED "A CLINICAL REPORT ON THE RELATIVE VALUE OF TURTLE TUBERCULIN IN THE TREATMENT OF TUBERCULOSIS."*

All the precautionary measures devised by science in late years for checking the advance of tuberculosis, including sanitation, out-of-doors living, hygienic legislation and the like, have failed to arrest the development of the disease. The annual death toll of tuberculosis reaches the awful figure of two hundred thousand in this country alone, and throughout the world this disease claims one human life every two minutes and a half.

Robert Koch's revolutionizing discovery of the tubercle bacilli has put science upon the right track, and since then great progress has been made. Thanks to the research work by Professor Piorkowski of Berlin, a specific curative and immunizing agent—his turtle tuberculin—as indicated by the collective experience of Dr. Beattie and Dr. Myers, bids fair to herald a new era in the specific treatment of consumption.

Piorkowski believes that an intravenous injection of his turtle tuberculin combines with the receptors of Koch's side-chain theory, and forms an antitoxin similar to Jenner's vaccine for smallpox, and far superior in curative properties to that formed by injections of living human tubercle bacilli which admittedly attained a certain result, albeit an inadequate one.

In response to many inquiries since the appearance of the first article on Piorkowski's turtle tuberculin in the *New York Medical Journal* of September 13, 1913, on the "Relative Value of Turtle Tuberculin in the Treatment of Tuberculosis," the following specific results may be recorded in four of the cases treated:

Case XV. An inspector in the Custom-house service of the United States Government, 32 years of age, diagnosticated by several competent physicians as presenting all the physical signs and symptoms of tuberculosis of the lungs, having been ill since about September, 1909, and having fallen off from 175 pounds to 105 pounds, and becoming too weak to hold his knife and fork in his hand, responded in less than four months to the Piorkowski turtle tuberculin treatment, increasing in weight to 159½ pounds, losing his cough, his pains in the chest and other symptoms, and repeated examinations have failed to discover a single symptom of the disease from which he had been suffering for more than three years. Repeated bacteriological examinations by the New York Board of Health have not disclosed any trace of the presence of tuberculosis. Therefore this case may be considered a specific cure.

Case XXI. A white girl, aged 7 years, suffering from tuberculosis of the knee joint for over two years, responded to the Piorkowski treatment in a period of less than four months, to the extent of increasing the motion of the affected joint 50 per cent. The treatment resulted in great general improvement, in-

*From the New York *Medical Journal* of October 25, by Dr. Edward E. Myers, 418 Central Park West, New York City.

cluding the reduction of one-half inch of the swelling of the knee joint and a gain of over 6 pounds in weight.

Case XXVII. A white girl, aged 19 years, suffering from tubercular glands of the neck since 1909, responded to less than four months' treatment with Piorkowski's turtle tuberculin by a gain of 8 pounds, an increase of appetite and a marked improvement in general condition. Only a few small glands remained, with no discharging sinus, where formerly had been a large, irregular mass of glands with a discharging sinus.

Case XLIV. This case of a man, aged 44 years, is cited more particularly to bring out laryngeal tuberculosis than a condition of the lungs. The patient had been hoarse for some months and treatment extending to a little over one month gradually eliminated the hoarseness, signs were practically absent in the larynx and there was improvement in the cough, expectoration and color of suptum. The patient retained his weight, although the tuberculous condition was complicated with a severe form of diabetes. One month of treatment resulted in an improvement greater than that attained during the previous eight months under other forms of treatment.

SPURIOUS AND GENUINE TREATMENT OF PSYCHONEUROSIS, ILLUSTRATED BY CASES.

By Tom A. Williams, M.B., C.M. (Edin.),

Washington, D. C.,

Corres. Mem. Soc. Neur. and Psychol., Paris, etc.; Neurologist to Epiphany Hospital, Washington.

THE *Illinois Medical Journal*, October, 1914:

What is familiarly known as the influence of the mind over the body needs no illustration nowadays, and a historical retrospect would only burden an attention likely to be strained by what is already involved. An understanding of how disturbances, apparently physical, are easily influenced by means we call mental, is clouded in errors most detrimental to the understanding of not only what we call individual disease, but of the behavior of relationship of human beings in general.

My first endeavor is to expose the fundamental fallacies and dangerous implications imminent in the practice of these persons or sects who pride themselves upon being non-medical. But readers may take no pride that they are not as these, for my second endeavor has been to show that, for the most part, the mental healing of many medical men is not only less efficacious, but more unscientific than that of mental healers themselves. I have made no explicit demonstration of this latter contention, for it is so apparent among the facts related that even he who runs may read. My third endeavor is to convey an inkling at least of the principles of the methods which should be used against certain functional nervous disorders.

In the therapeutic results of the kind I describe are by loose thinkers attributed either to suggestion, to faith, or to confidence in the physician, and it cannot be stated too strongly that neither of these factors is the true one in any of the cases with which I have to do.

Were confidence the important element I should not succeed where the family physician had failed; for while in him the pa-

tients usually put a trust almost blind, to me most of them have come almost sceptically. Confidence, of course, has to be gained; but neither apparatus nor manner is of an imposing character in my consulting-room; that confidence comes only as a result of the patient's appreciation that an understanding of the situation is being developed.

As to suggestion, I take the greatest pains to avoid fallacious short cuts to the removal of symptoms, of which I seek to reach a foundation by giving the patient a rational understanding. When this is done the patient needs no moral support from the physician nor anyone else; for having learned his own psychology he knows how to direct himself. Hence, when the cure is complete, relapses do not occur.

1705 N street.

THE TREATMENT OF MALARIAL PERNICIOUS FEVER.

By L. Sexton, M.D., B.S.,
New Orleans, La.

Malarial hematuric fever improperly treated has a mortality of 30 per cent. In the hematuric variety the plasmodium seems to remain in the more central organs, or at least they are not usually found in the peripheral blood during the paroxysm, though they may be demonstrated in the blood during the intermission. Some special form of protozoan not yet discovered or susceptible to staining may be the cause of this type of fever, or the hemorrhage may result from the broken down condition of the blood vessels and renal epithelium.

To dilute the toxins and promote elimination is the great end to be accomplished. The hemorrhage comes from the capillaries of the glomeruli and uriniferous tubules of the kidney. The coagulated blood in the tubules soon stops the secretory function of the kidney, unless it is kept liquefied and moving. For this purpose it becomes necessary for the patient to take all the mildly diuretic water he can; if rejected, it will often be retained better if taken as hot as can be borne. When rejected by mouth it must be gotten into the system either by the rectum, Murphy drip, or enemas forcibly retained by pressure upon the anus, or by hypodermoclysis in which large amounts of just sterile water is slowly injected under the skin into the loose areolar tissue.

QUININE AND HEMATURIA.

Koch claims that quinine produces this sympton of hematuria, but it occurs in numerous cases that have not taken quinine, so quinine cannot be the only cause. If it is dependant upon the toxines caused by the malarial plasmodium of the asexual type, the indication would certainly be to cinchonize the patient, for quinine is the only specific known for the plasmodium of the asexual type. The cases we have cured were given quinine (strong solution rubbed into the skin), also small doses by rectum, but the mouth is the best way to take the quinine if not vomited.

Spirits of turpentine on sugar (15-drop doses or in emulsion or

capsule) has been strongly recommended by physicians practicing in the Mississippi Delta to cure or prevent hematuria.

Quinine, therefore, should only be given to such cases as are clinically or microscopically known to be of purely asexual malarial origin. Twenty-grain doses daily will do no great damage to the kidney in two or three days, while it will certainly destroy the asexual types of the malaria if they are found in the blood at the beginning of the attack.

In the algid type of the fever bring about reaction by warming the patient as soon as possible. All draughts of air should be kept from the body, while keeping the patient's room filled with fresh air all the time. One-hundredth-grain doses of atropine with one-fiftieth grain strychnia hypodermically, if the chill stage is prolonged or severe, bring the blood from the internal congested orgains to the surface. The body should be wrapped in warm blankets, reinforced by hot bottles, until the cold stage has passed away. The temperature is often 104 degrees F., although the patient is complaining of severe chill and feeling cold. The reaction from the chill often results in fever from 104 degrees F. to 106 degrees F., which is best treated with five grains phenacetine in tablet, ice to the back and front of head, cold sponging with alcohol and water, or cold toweling until the fever is reduced.

Vomiting, if persistent, is best controlled by large glassfuls of hot water, which, if not retained, at least wash out the bile which has regurgitated into the stomach. One-eighth grain cocain (gelatin or sugar-coated pill, to insure solution on gastric mucosa) also stops nausea, provided the bilious material has been first washed out of the stomach. Crushed ice to the throat and mustard to the stomach is also used to advantage at the same time.

It is useless to give bitter solutions of quinine or other drugs to such cases, and capsules are very often thrown up from these irritable stomaches before they are dissolved. In all such cases, particularly with children, a twenty-five per cent. acid solution of quinine can be made with hot water, glycerine or lanolin, and rubbed into the skin, or a dilute quinine solution (20 grains) may be injected into the rectum. If this fails to cinchonize the patient, ten-grain doses of bisulphate may be injected deep into the muscular tissue, or fifteen grains of the muriate intravenously; this only as a last resort, as these injections are usually followed by violent reaction or abscess Suitable ampules, from 7 to 15 grains of bisulphate of quinine, are less liable to produce these reactions.

To successfully treat hemoglobinuric fever, cardiac weakness is to be overcome, and the secretion of the urine to be kept up. Citrate of caffein and strychnia spur the flagging heart: large draughts of fluids tend to flush the kidney.

No patient who is subject to this trouble should allow his body to become suddenly chilled. Violent exercise should be tabooed; wet clothing should not be allowed to dry on the patient's body; indigestible meals should not be eaten; the bowels should be made to act free daily. Sudden changes to cold climates should be avoided, though moving to a non-malarial climate should be encouraged. Patients should not be allowed to become chilled at night on account of insufficient covering when temperature falls. Such subject should be allowed the least

amount of physical exercise compatible with good health. While the body is kept warm with flannel, the patient should remain in an open room all the time. At the beginning of a chill, hot foot baths, packs and enemas should be given, while given large amounts of carbonated waters or ordinary water if these are not obtainable. Rest in bed for some time with warm covering before the expected chill. Any mild diuretic mineral water or medicine that does not increase the nausea may be administered. Crushed ice by mouth and to the throat, with counterirritants over the stomach occasionally allays the vomiting. Ten to twenty drops of chloroform in acacia and simple elixir half hour apart have relieved the nausea in some cases. Two and a half grains each of calomel and soda followed in six hours by Seidlitz or citrate magnesia is a fine preliminary treatment to the expected attack. Strychnia (one-thirtieth grain, sugar or gelatin-coated pills, or by needle if not retained by stomach) is the best cardiac stimulant. Coffee as a Murphy drip is a diuretic heart stimulant.

If the asexual type of plasmodia are found in the blood, five-grain doses of quinine three times daily for 72 hours will surely eliminate them; if the crescent forms alone are found, quinine will do no good, but may do harm if given in large doses.

The consensus of opinion is that quinine given at random in large doses, without regard to presence or kind of organism, does more harm than good. It should also be remembered that many of these mild cases tend to recovery anyway, and that a much-lauded treatment, at times, is given credit for what Nature really accomplished unaided.

Hematuric cases should be confined to bed and rested, fed on low-proteid and digestible food, with all the elimination possible, removing the case to a non-malarial surrounding as soon as it is safe to do so. Ten to fifteen grains of quinine every eight hours two or three days, alternated with Warburg's tincture if it can be retained, is sufficient in the ways of quinine treatment, which is always indicated if the parasite is not crescent in form. Five grains phenacetin, cold sponging and toweling for hyperpyrexia, caffein, camphor oil and strychnia by needle for weak heart are the general methods in use in most malarial sections.

The algid form requires immersion into hot water or wrapping in hot blankets and bottles, and filling the patient with hot drinks, enemas or intravenous infusion; champagne or brandy, iced, may be required as a stimulant only in the algid form.

The battle for and against quinine is still raging in the Southern States medical societies. Quinine is the only proven specific we know of for asexual type of malaria, and I would neglect to use antitoxin in diphtheria rather than quinine by the skin, rectum or hypodermically if it should be ejected by mouth or not absorbed by the stomach in such cases.

Remember to dilute well any quinine that has to be given hypodermically; 1-100 and 1-50 solution has produced death. Sterile glass ampules containing the proper dose, 10 grains to 100 cc., will reduce the risk of abscess and necrosis when given in this way. A large all-glass syringe capable of holding 12 to 20 cc. should be preferred to the small hypodermic, which is hardly suited to this kind of work. Quinine should not be used hypodermically or intravenously until all other methods at cinchonization have failed.—*The Medical Council.*

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HARDLY another of all the preparations in existence offers a wider scope to imposition under the plea of "just as good" than the scientifically standardized Eucalyptol.

The most recent fraud practiced in regard to this product is an attempt to profit by the renown of the firm of Sander & Sons. In order to foist upon the unwary a crude oil, that had proved injurious upon application, the firm name of Sander & Sons is illicitly appropriated, the make-up of their goods imitated, and finally the medical reports commenting on the merits of their excellent preparation are made use of to give the desired luster to the intended deceit.

This fraud, which was exposed at an action tried before the Supreme Court of Victoria at Melbourne, and others reported before in the medical literature, show that every physician should see that his patient gets exactly what he prescribed. No "just as good" allowed.

The Scientific Treatment of Abdominal Ptosis.

THE importance of abdominal support is being appreciated today as never before. A relaxed and sagging abdominal wall is no longer considered a harmless sequence of advancing years, a simple sign of over-indulgence and lack of proper exercise. To the contrary, it is known to be a real pathologic condition attended by actual tissue changes and derangements of the local circulation that have a far-reaching influence on the whole body. More than this, the effect on the nerves, those of the splanchnic area particularly, is such that a host of reflex ills may be expected sooner or later.

Fortunately, intelligent study of abdominal support has shown ways of successfully counteracting the effects of weakening of the abdominal muscles, and in this connection due recognition must be given to the work of Dr. Katherine L. Storm of Philadelphia. Dr. Storm was a pioneer in the scientific investigation of weakened and relaxed abdominal muscles, and the consequences therefrom. Dr. Storm's Abdominal Binder was the logical outcome of these studies and the way the profession have adopted this binder points conclusively to the prompt appreciation of its practical utility. Abdominal belts and supports have been devised in endless array, but until the Storm

Binder became available, constriction and compression were usually mistaken for true upward support. As a result, the average abdominal belt was not only an instrument of torment, but nearly, if not quite, valueless for purposes for which it was intended. With the Storm Binder all these evils have been corrected, and instead of mere compression there is afforded a true uplift, with the lines of support upward and backward, as they should be. Thus the Storm Binder easily performs the service required of it, and so comfortably at all times that the wearer, after a few hours, becomes unconscious of its presence. So efficient and uniformly beneficial has it proven that it has placed the treatment of abdominal sagging or ptosis on a new and scientific foundation. The Storm Binder, therefore, deserves the hearty support of medical men, since it represents progress in a needed direction and assures the proper and comfortable attainment of the results sought.

Winter Coughs and Colds.

THE severe and often intractable coughs of winter colds too often owe their continuance to systemic weakness. To relieve and overcome them it is essential to raise the vitality and nutrition of the whole body. For this purpose there is no remedy so prompt and reliable in its effects as Gray's Glycerine Tonic Comp. and its easily proven efficiency in affections of the respiratory tract—chronic bronchitis, incipient tuberculosis, asthma, laryngitis and catarrhal diseases in general—readily accounts for its widespread use by the profession in this class of ailments.

Its regular systematic administration rapidly restores the nutritional balance, and as patients gain in strength and weight usually the most intractable coughs grow less and less, and finally disappear.

The Recovery from La Grippe.

SINCE the first appearance upon our shores of that unwelcome infectious disease known as la grippe the medical journals have been filled with articles advocating different methods of treating the attack itself and its various complications. But little attention, however, has been paid to the important question of how to best treat the convalescent subject. Among all of the acute infections there is probably none that is as likely to leave the patient quite as thoroughly devitalized and generally prostrated as does a sharp attack of la grippe. For some reason the degree of prostration from grippal infection appears to be entirely out of proportion to the severity of the attack itself. This peculiarity renders it advisable and usually necessary to strengthen and support the general vitality of the patient during the period of convalescence. Complete rest, nourishing food, plenty of fresh air and stimulation according to indications are, of course, distinctly important measures. At the same time tonic and hematinic medication should not be neglected. Probably the most generally acceptable and efficient general tonic and hemic reconstituent for such patients is Pepto-Mangan (Gude), a bland, non-irritant and promptly absorbable combination of the organic peptonates of iron and manganese. This efficient blood-builder and reconstructive does not disturb digestion nor induce constipation, and is readily taken by patients of all ages.

Glyco-Thymoline in Typhoid Fever.

To keep the alimentary tract as free as possible from fermentable matter, to inhibit as far as possible the activity of the putrefactive bacteria which normally inhabit the intestinal canal and to eliminate the toxin produced by the Bacillus Typhosus as rapidly as possible are desirable results to accomplish in treating typhoid cases.

The power of Glyco-Thymoline to produce these results is amply proven by clinical reports from eminent physicians in all parts of the country.

The distressing condition of fissured tongue and "cracked" lips is immediately relieved and the sordes of teeth and mouth quickly removed by the use of Glyco-Thymoline.

Concerning Cathartics.

To the layman a cathartic is simply a cathartic and nothing more. One thing is as good as another, as long as it "moves the bowels." To the physician there is a vast difference between "moving the bowels" and inducing normal bowel action.

For years strychnine was the stock ingredient of cathartics for the purpose of stimulating the muscle to peristalsis. But nowadays we realize that strychnine more often inhibits peristalsis by overstimulation, and that the best stimulant of intestinal muscles is the intestinal secretions.

Pil. Cascara Comp. Robins contains no strychnine to force the musculature, nor bella-

donna to inhibit the secretions. On the contrary, it stimulates the flow of secretions and normalizes peristalsis. It is, in fact, a normal cathartic.

THE absence of narcotics in a cough preparation is bound to appeal to many physicians who would much prefer a safe and efficient sedative and expectorant to one containing narcotics. Mentholated Expectorant, Lilly, contains lobelia, ipecac, sanguinaria, ammonium chloride, menthol and syrup tolu, a combination of marked value in the early stages of bronchitis, tracheitis and laryngitis. The proportions are carefully adjusted to give the greatest degree of efficiency without producing any untoward effects. The total absence of narcotics is the significant feature and one which makes the preparation of wide application. Mentholated Expectorant, Lilly, may be safely given to children, adults and the aged, and it does not tend to constipate and lock up the secretions. It is supplied through the drug trade. Address Eli Lilly & Co., Indianapolis, for samples and further information.

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Chronic Catarrhal Bronchitis.

THIS condition, so frequently encountered, and especially so in the changeable climate of the Middle and Western States, is a clear indication for the continued administration of cod-liver oil. These patients, if unable to seek a more suitable climate, should be instructed carefully as to dress and bodily functions. Thus, every effort should be made to guard against exacerbations. With close attention to dress and the systematic use of cod-liver oil, such as Cord. Ext. Ol. Morrhuae Comp. (Hagee), which is the preferable cod-liver oil preparation by reason of its palatability and therapeutic effectiveness, the patient is employing the best means for use in this form of bronchitis.

Some Valuable Mechanical Laxatives.

RUSSIAN OIL AND AGAR are among the latest offerings of Parke, Davis & Co. They are mechanical laxatives of a high order of merit, and are certain to attract widespread attention from the medical profession.

Russian Oil, P., D. & Co., is a hydrocarbon oil distilled from Russian petroleum, generally known in Europe as paraffin oil. It is tasteless, colorless, odorless, and is guaranteed to be free from sulphur compounds, acids, alkalies and all harmful by-products. Particular stress is laid upon the high specific gravity of Russian Oil, P., D. & Co., and its resultant high viscosity and great lubricating power. The product is not a laxative in the sense of stimulating the bowel by local irritation, its function being rather that of an intestinal lubricant. It passes in toto through the alimentary tract, mingling with the food in the stomach and upper digestive tract, with the result that the feces become thoroughly lubricated and pass through the lower bowel more rapidly and are expelled from the colon promptly and easily. Not the least valuable feature of the product is its protective effect on the stomach and intestine, it being well known that abrasions or irritations of the

mucous surfaces permit bacterial infection and general toxemia. If desired, the oil may be taken with a pinch of salt or a dash of lemon juice, or it may be floated on a glass of water, wine, milk of other beverage. The dose recommended for adults is two to three tablespoonfuls, morning and night, for the first two or three days. Later the amount may be diminished. Parke, Davis & Co. supply Russian Oil, Aromatic, and Russian Oil, Unflavored. Physicians, when prescribing, should indicate which product is wanted.

Agar, the other preparation referred to, is a Japanese gelatin derived from seaweeds. It is supplied commercially in dry, transparent pieces that are reduced to coarse flakes for medicinal use. It freely absorbs water and retains it. It has the additional property of resisting the action of the intestinal bacteria, and of the digestive enzymes as well. Its chief use in medicine is in the treatment of chronic constipation. Experiments have shown that when Agar is eaten as or with a food, it passes practically unchanged into the intestine, where it permeates the feces, and, by keeping them uniformly moist, aids peristalsis. Hard and dry fecal masses are reduced to a softer consistency, normal evacuation resulting as a consequence. One or two heaping tablespoonfuls, according to individual requirements, may be taken once a day, preferably in the morning. It may be eaten with milk or cream, or mixed with any cereal breakfast food, with the addition of salt or sugar, to make it palatable.

A Systemic Boost.

It is safe to say that the average physician is called upon to prescribe a tonic more frequently than any one other form of medication, unless it be a cathartic. Patients who are patients solely because they are tired, "run down" and generally debilitated, are constant visitors at the physician's office. Such individuals need something that will boost them up to their normal point of resistance and then hold them there; in other words, not a mere temporary stimulation, with secondary depression, but a permanent help to the revitalization of the blood and a general reconstruction. Pepto-Mangan (Gude) is not only prompt in action as an encourager of appetite and better spirits, but is also distinctly efficient as a blood builder and systemic reconstituent. It is pleasant, non-irritant, free from constipating effect and does not stain the teeth. It is thus a general constitutional tonic of positive service in all conditions of general devitalization.

Sexual Neuroses.

Whilst it is true that in many instances a definitely existing lesion somewhere along the genito-urinary tract is the underlying cause of that distressing condition popularly described as sexual neurasthenia, yet in certain cases it is impossible of detection, or if detected its effects are too firmly fixed to make an immediately favorable response to the local treatment instituted. Wherefore the need for a soothing agent, such as Bromidia (Battle), becomes necessary. In cases of this character with marked nervous involvement, Bromidia (Battle) is of the greatest service. It soothes the sexual irritability and enables the patient to rest and sleep well.

Hippocrates, nearly 2400 years ago, gave honey and vinegar for colds, burnt alum for ulcers, gall to stop hemorrhage; he gave emetics and purges, applied dry heat by means of bran, gave hot and cold douches as well as injections of hot water for colic, and baths and a decoction of barley in fevers.—*When Did It Happen.' Published by Reed & Carnrick.*

"Whatever be the nature of rheumatism and gout, every practical physician realizes that they are amenable to treatment, and that it is a matter of as much importance to open the doors by which the poison goes out as to close those doors by which it comes in. Hence prompt and thorough elimination must be obtained through the liver, the kidneys, the bowels and the skin."

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As its name indicates, Pyroferrine, Lilly, is a preparation of iron, in combination with phosphoric acid and strychnine. It is non-astringent, almost tasteless, and has a wide range of usefulness. It is especially indicated in puerperal and general anemia. Pyroferrine promotes the appetite, improves digestion, increases the number of red corpuscles, and is of great value wherever the blood is impoverished from any cause. There is no product of its kind on the market superior to Pyroferrine, Lilly. Write Eli Lilly & Co. at Indianapolis for further information, or ask your local druggist.

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